No. 5986 P. 3 229720

STATE OF SOUTH CAROLINA (Caption of Case) Example: Application for a Class C Charter Certificate from John Doe dba Doe's Limo Children's Place Inc.	BEFORE THE PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA TRANSPORTATION COVER SHEET			
Children's Place, Inc.	If this is your first tim have a Docket Numbe	2011 - 2000 - T The filing an application with the PSC, you will not be commission will assign one to you. If you sommission before, a Docket Number was assigned above.		
(Please type or print) Submitted by: Margaret Ford	Telephone:	803-641-4144		
Address: 310 Barnwell Ave., NE	. Fax:	803-641-4147		
Aiken, SC 29801	Other:			
	Email: Childre	npf@aol.com		
as required by law. This form is required for use by the Public Service be filled out completely. NATURE OF ACTION	(Check all that app	ly)		
Application - Class A/A Restricted	Req	uest for Name Change on Certificate		
Application - Class C Taxi		uest to Amend Scope of Authority		
Application - Class C Charter	-	uest to Amend Tariff (rate increase, etc.)		
Application - Class C Charter Bus	Req	uest to Amend Passenger Limit		
Application - Class C Non-Emergency	Req	uest		
Application - Class C Stretcher Van PSC SC MAIL / DMS	Exh	ibit		
Application - Class E Household Goods	Late	e-Filed Exhibit		
Application - Class E Hazardous Waste	Lett	er		
Application	Prop	oosed Order		
Request for Extension to Comply with Order	Pub	lisher's Affidavit		
Request for Order Granting Authority to Obtain a Certificate	Rese	ervation Letter		
of Public Convenience and Necessity to be Rescinded	Res	ponse		
Request for Cancellation of Certificate	Ret	urn to Petition		
Request for Suspension	Oth	er:		
Request for Reinstatement				

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100

Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER

	ASS C - NON-EMERGENCY	Date:	05/12/2011			
E	Apedited Service reaves	sted				
App of S	plication is hereby made for a Certificate of Public (S.C. Code Ann., § 58-23-10, et seq. (1976), and ame	Convenience and Neo andments thereto.	essity, in accordance with the provision			
1. N	Name under which business is to be conducted (corporat		e proprietorship, with or without trade name.			
	Chile	Iren's Place Inc.				
	310 Barnwell A Street A	ve., NE, Aiken, SC 2 ddress of Applicant	.9801			
	Mailing Address of Appl	icant if different from	street address			
	803-641-4144		803-641-4147			
-	Phone		Fax			
	Chile	drenpf@aol.com _				
		mail Address				
2.	If incorporated, a copy of Articles of Incorporation Secretary of State "Foreign Corporation" Certificate	must be attached. (If e.)	incorporated outside of SC, attach SC			
3.	Select Entity Type: (Check one)					
	☐ Individual Owner/Sole Proprietorship					
	Partnership - List names and address of all per		st in the business.			
	Corporation - List names and addresses of two principal officers.					
	Margaret Ford - 310 Barnwell Ave., NE, Aiken, SC 2	29801 - Executive Dire	ctor			
	Gerry Owen - 310 Barnwell Ave., NE, Aiken, SC 29					

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at 1	ance at Time Application is Filed:					
Month	March	Year	2011			

Assets:

Cash	\$70.00
Receivables	\$126,856.36
Real Estate	\$242,381.51
Buildings and Equipment (Net)	0
Motor Vehicles (Net)	\$164,103.06
Garage Equipment (Net)	0
Machinery and Tools (Net)	0
Supplies on Hand	0
Prepaids and Other Assets	\$3896.50
Total Assets	\$185,734.47
Liabilities and Equity:	
Accounts Payable	\$7069.81
Notes Payable	\$29,696.77
Mortgages Payable	\$115,600.90
Equipment Obligations	0
Accrued Salaries and Wages	\$15,935.32
Other Accrued Obligations	\$32,844.93
Other Liabilities	\$157,900.29
Total Liabilities	\$164,970.10
Capital Stock	0
Retained Earnings	0
Total Equity	\$90,865.44
Total Liabilities and Equity	\$397,441.95

PROPOSED RATES AND CHARGES FOR SERVICE

Maximum Proposed Rates and Charges for Service are as follows:
average \$5.00 per mile
Counties to be Served:
Aiken County
MARKAN AND AND AND AND AND AND AND AND AND A
Maximum Number of Passengers per Vehicle: 15

DESCRIPTION OF EQUIPMENT

MAKE	YEAR & MODEL	VIN#	WEIGHT EMPTY	SEATING CAPACITY *
Chevy	2002 Blue Bird	1GBHG31R821125276	4300	15
Chevy	2002 Blue Bird	1GBHG31R321138534	4300	15
Chevy	2005 MID BUS	1GBHG31V751207842	4212	15
Chevy	2010 Starcraft	1CB6G2AG8A1168353	8313	15
				-
		·		

^{*} Designate if equipped with a wheelchair lift by using "HC" (Handicapped.)

Y-12-2011 02:29 PM

INSURANCE QUOTE

This form MUST BE COMPLETED AND SIGNED by an AUTHORIZED INSURANCE COMPANY REPRESENTATIVE. The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested.

The following insurance quote is for:		
Children's T	Place Inc.	
	Name of Motor Carrier	
310 Barnwell	Ave. A.ken SC Address of Motor Carrier	27801
	Address of Motor Carrier	
Amount of Premlum		
Liability Insurance 3 8774 =		
The above quoted premium is for a term of	months,	
Minimum Limits - Bodily injury and prothen the following:	perty damage limits will not be le	ess Limita Quoted
Liability Combined Rach Occurance	\$ 1,000,000	2,000,000
Medical Payments per Person	\$ 1,000	5,000
Philadelphia	Insurance Company Name of Insurance Company	7
One Bala Plaza, Stell	DO . Bala Cynnyd, Poine Office Address of Company	Penn, 19004
I am familiar with the Commission's Rules innests the minimum insurance limits prescrisouth Carolina Department of Insurance to	bed. The insurance company mak	nge requirements and the above quote ting this quote is authorized by the
5-12-1/ Date	Authorized Insurance Company	Representative's Signature

NOTICE

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickle Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-oredit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.so.us/solf-insurance.

	Exhibit FWA						
	Children's place Inc						
_		<u> </u>	Name				
	U	J.S.D.O.T No.		ICC No.			
1.	Is there currently a	nny outstanding judgmen No	ts against the Applica	nt?			
	If Yes, indicate na	nture of judgement(s) aga	inst applicant.				
			,				
2.	Is Applicant familicarrier operations is statutes and regula	in South South Carolina,	egulations, including s and does Applicant a	safety regulations and governing force to operate in compliance with	or-hire motor these		
	Wes Yes	O No					
3.	Is Applicant aware therewith?	e of the Commission's ins	surance requirements a	and the insurance premium costs a	ssociated		
	• Yes	O No					

Exhibit on Driver Qualifications

1.	CPR	Certificate or its equiv	valer	ers must possess at least a current American Red Cross Standard First Aid and at, and records that verify/record such training must be kept on file at the business within South Carolina.
	•	Yes	0	No
2.	Appli	cant understands that	driv	ers must be in compliance with all OSHA regulations.
		Yes	0	No
3.				ers must be trained in the use of all vehicle installed safety equipment such as re extinguishers, and other equipment as outlined in PSC Regulations.
	•	Yes	0	No
4,		cant understands that		ers must be able to physically perform actions necessary to assist persons elchair users.
	•	Yes	0	No
5.				ers must wear a professional uniform and photo identification badge that he company for whom the driver works.
	•	Yes	0	No
6.	of safe		erify	ers must complete twelve (12) hours of in-service training annually in the area p/record such training must be kept on file at the company's primary place of
	•	Yes	0	No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA POST OFFICE DRAWER 11649 COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOU	JTH CAROLINA	Al = kll
COUNTY OF	<u>Aiken</u>	Applicant's Signature
I,	Margaret Ford Name of Applicant's Representative	, Executive Director
of		Children's Place Inc.
the Applicant affirm that all	for the Certificate of Public Conve statements contained in the above	enience and Necessity as set forth in the foregoing, swear or

This 10 h day of 10 h

Notary Public

Commission Expires _

9 9 2018

TERRY ANN SHERBERT Notary Public State of South Carolina Commission Expires Sept. 8, 2018 IRS Dopartment of the Treasury P.O. Box 2508 Cincinnati OH 45201

In reply read

48667580 3C E0

u0013798

BODC: TE

CHILDRENS PLACE INC 310 BARNWELL AVE NE AIKEN SC 29801-4406



019259

Employer Identification Number: Person to Contact: Mr. Lockhart Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Jan. 28, 2011, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in June 1963.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(1) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

0248667580 LTR 4168C E0 30000 00 00013799

CHILDRENS PLACE INC 310 BARNWELL AVE NE AIKEN SC 29801-4406

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,

Michele M. Sullins

Michele M. Sullivan, Oper. Mgr. Accounts Management Operations I

THE STATE OF SOUTH CAROLINA EXECUTIVE DEPARTMENT

By the Secretary of State

Whereas, Paula Miles, Moses Mims, Jr., Sandra Shelly, Mark Whitaker

A insjority of the Board of Directors of

SERVICES COUNCIL OF AIKEN COUNTY, SOUTH CAROLINA, INC.
a corporation created under and pursuant to the laws of South Carolina, by Certificate issued by the
Secretary of State on the 26th day of November , A.D. 19 68

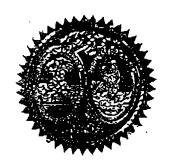
HAVE CERTIFIED, over their signatures, Resolutions authorizing in behalf of the aforesaid Corporation

Name change from "Services Council of Aiken County, South Carolina, Inc." to "Children's Place, Inc."

(authorized and set forth in the certificate aforesaid), which Resolutions were adopted pursuant to law, at a meeting of the members of the aforesaid Corporation, of which five days' notice was given, which notice stated the purpose of the aforesaid meeting, and further, that said Resolutions were calculated by a majority vote, and that in all respects there has been complied with the provisions of Title 33. Chapter 31 Code of Laws of South Carolina 1976, and all amendments thereto.

NOW, THEREFORE, I, John T. Campbell

Secretary of State, by virtue of the authority in me vested by Chapter aforesaid, of the Code of Laws of South Carolina, 1976 and amendments thereto, do hereby certify that the requirements of law for said amendment the charter of the aforesaid Company has been so amended.



GIVEN under my hand and the seal of the State at Columbia, this 20th day of October in the year of our Lord One Thousand nine hundred and 89 and in the two hundred and 14th year of the Independence of the United States of America.

Secretary of State





310 Barnwell Ave., N.E., Aiken, SC 29801 Phone: (803) 641-4144 or 641-4145

Fax: (803) 641-4147

Date Sent:	5 12 11		TerryShur	out	
Company Name:	pg	Jan Ce. Attention:_	Clerk o	fler	
Fa	ax Number: <u>8</u> 05-	896-524	6		
	Number of page				
Comments;		(Including the cover page)			
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CONFIDENTIALITY NOTICE RELATED TO PERSONAL HEALTH INFORMATION AND FEDERAL LAW (HIPPA): This fax may contain Personal Health Information that is Highly Confidential. It is intended for the exclusive use of the addressee. It is to be used only to aid in providing specific healthcare services this patient or employee. Any other use is a violation of Federal Law (HIPPA) and will be reported as such.

Notice: The information contained in or attached to this Fax Message is intended only for the Confidential use of the person named above. If you are not the named recipient, or responsible for delivering it to the name recipient, you are hereby notified that you have received this document in error and that review, dissemination or coping of this information is prohibited.

If you received this information in error, please notify us immediately by telephone and return the original documents to us by mail.



Children's Place, Inc 310 Barnwell Ave. NE Aiken, SC 29801 803-641-4144 Fax 803-641-4147

May 12, 2011

Public Service Commission Clerk's Office P.O. Drawer 11649 Columbia, SC 29211

Re: Expedited Service Request

To Whom It May Concern:

Please expedite our application as a Class C Non-Emergency Carrier in South Carolina. We are unaware of this requirement until March 24, 2011 about the need to make an application. In the busyness of a two person office, the application got mislaid while waiting for our insurance agent to respond. We are terribly sorry for not keeping of top of our responsibility.

I would appreciate any consideration you can give us in bring Children's Place, Inc. into compliance.

Sincerely

Executive Director